

Form No. 1

22-047238

(1) PLACE OF BIRTH

County of Bamberg
 Township of Fish Pond
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File 22 050172 Only

Registration District No. 402 Registered No. 30
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bernal & Bernal If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boys (4) Twin or Triplet? Twins (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 5-26-22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

Lonnie Carter
 PRESENT POSTOFFICE OF FATHER Branchville S.C.
 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
 BIRTHPLACE Bamberg Co
 OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Rayson
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Bamberg Co
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Stokes(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Smoots S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/3-22 (28) J. C. Smoots Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.